

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4293

BIRTH NO.		REG. DIST. NO. 64		PRIMARY REG. DIST. NO. 5246		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Mussel Fork Twp.</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: indicate before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Mussel Fork Twp.</u> d. STREET ADDRESS (If rural, give location) <u>Near Mussel Fork</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Richard</u> c. (Last) <u>Harris</u>				4. DATE OF DEATH (Month) <u>March</u> (Day) <u>7</u> (Year) <u>1949</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 27, 1875</u>	
9. AGE (in years last birthday) <u>73</u>		10. MONTHS <u>4</u> DAYS <u>10</u>		11. BIRTHPLACE (State or foreign country) <u>Stockton Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Carlton Beverly Harris</u>				13b. MOTHER'S MAIDEN NAME <u>Anna Laura Scholtz</u>		14. NAME OF HUSBAND OR WIFE <u>Carmer Pryce Harris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Harris</u> ADDRESS <u>Salisbury Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-10-47</u> , 19 <u>47</u> , to <u>7-14-47</u> , 19 <u>47</u> , that I last saw the deceased alive on <u>3-1-49</u> , 19 <u>49</u> , and that death occurred at <u>10:54</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edith Earlhart</u> (Name or title)				23b. ADDRESS <u>200 S. Fayetteville</u>		23c. DATE SIGNED <u>3-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		24b. DATE <u>3-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crownwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/8/49</u>		REGISTRAR'S SIGNATURE <u>W. H. Lee</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Winkelman</u>		ADDRESS <u>Salisbury Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 3-14-49

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.